

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90077 025 \*\*\*\*61.25

|   |                                   |   |  |   |   |
|---|-----------------------------------|---|--|---|---|
| <b>DOCUMENT # N05000009511</b><br>1. Entity Name<br><b>HIS RESTING PLACE, INC.</b>  |                                   |   |  |   |   |
| Principal Place of Business<br><b>8353 79TH AVE<br/>SEMINOLE, FL 33777</b>  |                                   |   | Mailing Address<br><b>POB 10223<br/>LARGO, FL 33773</b>                                    |   |   |
| 2. Principal Place of Business - No P.O. Box #  |                                   | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |   |   |
| City & State  |                                   | City & State  |  |   |   |
| Zip   | Country                           | Zip   | Country  | 4. FEI Number<br><b>20-3520504</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>KAUFMANN, BRUCE G<br/>1564 OAKADIA LANE<br/>CLEARWATER, FL 33764</b>  |                                   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |                                   |   |  |   |   |
| SIGNATURE <u>N/A</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                   |   |  |   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2007   |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |   |
| Make check payable to<br>Florida Department of State  |                                   |   |  |   |   |
| 10. OFFICERS AND DIRECTORS  |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                      |   |   |
| TITLE   | D                                 | <input type="checkbox"/> Delete   | TITLE  | D   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>MARTIN, TAMMY L</b>            |   | NAME   | <b>Kathryn Kolb</b>   |   |
| STREET ADDRESS  | <b>8353 79TH AVE</b>              |   | STREET ADDRESS   | <b>7934 Kimberly Court</b>  |   |
| CITY-ST-ZIP   | <b>SEMINOLE, FL 33777</b>         |   | CITY-ST-ZIP  | <b>Seminole, FL 33777</b>   |   |
| TITLE   | D                                 | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| NAME  | <b>KAUFMANN, BRUCE G</b>          |   | NAME   |   |   |
| STREET ADDRESS  | <b>1564 OAKADIA LANE</b>          |   | STREET ADDRESS   |   |   |
| CITY-ST-ZIP   | <b>CLEARWATER, FL 33777</b>       |   | CITY-ST-ZIP  |   |   |
| TITLE   | D                                 | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| NAME  | <b>KAUFMANN, KARYL</b>            |   | NAME   |   |   |
| STREET ADDRESS  | <b>1564 OAKADIA LANE</b>          |   | STREET ADDRESS   |   |   |
| CITY-ST-ZIP   | <b>CLEARWATER, FL 33777</b>       |   | CITY-ST-ZIP  |   |   |
| TITLE   | D                                 | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| NAME  | <b>BRUER, DOROTHY</b>             |   | NAME   |   |   |
| STREET ADDRESS  | <b>93191 2ND STREET N</b>         |   | STREET ADDRESS   |   |   |
| CITY-ST-ZIP   | <b>PINELLAS PARK, FL 33782</b>    |   | CITY-ST-ZIP  |   |   |
| TITLE   | D                                 | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| NAME  | <b>KEELING, DONALD</b>            |   | NAME   |   |   |
| STREET ADDRESS  | <b>9495 BLIND PASS RD 807</b>     |   | STREET ADDRESS   |   |   |
| CITY-ST-ZIP   | <b>SAINT PETERSBURG, FL 33706</b> |   | CITY-ST-ZIP  |   |   |
| TITLE   | D                                 | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| NAME  | <b>Pamela Ramsdell</b>            |   | NAME   |   |   |
| STREET ADDRESS  | <b>13663 Cloakedon Rd</b>         |   | STREET ADDRESS   |   |   |
| CITY-ST-ZIP   | <b>Seminole, FL 33776</b>         |   | CITY-ST-ZIP  |   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |                                   |   |  |   |   |
| SIGNATURE: <u>Bruce Kaufmann</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   |   | Director<br><b>Bruce G. Kaufmann</b> 3/21/2007 2929<br><small>Date Daytime Phone #</small> |   |   |